

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor BIA Build PAC of Central Ohio			Registration Number, if PAC OH135	
Street Address 495 Executive Campus Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	Sta te OH	Zip Code 43082	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor W Gary Robson			Registration Number, if PAC	
Street Address 7000 Scioto Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	Sta te OH	Zip Code 43017	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Oliver Moore			Registration Number, if PAC	
Street Address 4440 Blythe Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43224	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Central Ohio Realtors PAC			Registration Number, if PAC CP401	
Street Address 2700 Airport Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43219	Y 2	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marianne Collins			Registration Number, if PAC	
Street Address 423 Hickory Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	Sta te OH	Zip Code 43081	Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor A J Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43209	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jerry McAfee			Registration Number, if PAC	
Street Address 2145 Keltonshire Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43229	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$1,750.00**